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Double Masking and Decontamination: A Doctor's COVID-19 Routine

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Gary S. Ferenchick, MD, MS, a professor of medicine at Michigan State University, interviewed his daughter, Hannah R.B. Ferenchick, MD, an emergency and critical care physician, about her experiences taking care of COVID-19 patients.

See their earlier conversation about "silent hypoxemia" <https://www.mdedge.com/familymedicine/article/220870/coronavirus-updates/silent-hypoxemia-and-other-curious-clinical> and other clinical observations of COVID-19 patients.

This transcript has been edited for clarity.

Gary S. Ferenchick, MD, MS: I'm Gary Ferenchick with Hannah Ferenchick, who has agreed to join us to talk about the PPE and decontamination processes she's using. Why don't you introduce yourself?

Hannah R.B. Ferenchick, MD: I am Hannah Ferenchick. I'm an ER physician and medical intensivist. I split my time between the medical ICU and the emergency department at Detroit Medical Center.

PPE Routine at the Hospital

Dr Gary Ferenchick: You've developed your own PPE and decontamination routines. It's about protecting yourself at work but also about protecting your loved ones by not carrying the virus home. Could you walk us through it? I'll show it on the screen.

Dr Hannah Ferenchick: At work I wear scrubs, and I try to minimize any additional clothing. I don't wear a jacket over my scrubs, and I don't wear any T-shirts under my scrubs. If I'm going to be in a situation that might involve exposure to patient secretions or bodily fluids, then I also wear shoe covers.

Because so many of our patients are infected and we may be called upon at any time to do an aerosol-generating procedure, in the ED we have all taken to wearing N95 masks for our entire shift. I wear a fitted N95 mask. I cover that with a surgical mask.

We are anticipating N95 shortages because our use of the masks has increased exponentially. Every hospital has to think about how to protect their healthcare workers while conserving PPE. We cover the N95 mask with a surgical mask, so that if there is any soiling or droplets reaching the mask, we are able to change the surgical mask and continue to use the same N95.

In addition, eye protection is important. Generally throughout the shift I wear my own goggles. If I'm going to be involved in any procedure with the potential for aerosolization (intubation, performing CPR, bronchoscopy) then I wear a creation of my own, which is a welder's shield.

Many of our providers have chosen to use their own equipment, although we are still able to use hospital-provided equipment. There is probably no difference in effectiveness between these devices.

Cell Phones and Stethoscopes

I carry a personal cell phone at work (which I often use to look things up, use the calculator, and for other purposes), and I'm cognizant that when I touch it, I am potentially transmitting pathogens to my phone or its cover. So I've taken to keeping my phone in a plastic sandwich bag, which I disinfect a couple of times throughout the shift. The phone still works normally.

After my shift, in my "decontamination phase," I remove the phone from the plastic bag and disinfect the phone again.

I try to avoid bringing objects into the vicinity of the patient. That's different from my normal routine—I usually like to write down what the patient has told me—but unfortunately, carrying pen and paper or a clipboard into a patient's room is not feasible at this point. During this time, I've also avoided using my personal stethoscope.

There's also transmission risk associated with shared equipment. We share hospital-provided phones and they must be disinfected. We are each disinfecting our own workspaces: computer, keyboard, mouse, and countertop.

Obviously you are trying to minimize any contact with your mouth or face. You don't want to rub your eyes, touch your nose, or eat anything with your hands while you are at work. The assumption is that you are doing very frequent hand hygiene.

Decontamination Routine

One of our concerns as healthcare providers is the possibility that we could, either asymptomatically or through the objects that we use at work, be bringing the disease home. We want to protect the people who may be at higher risk just because they live with a healthcare provider. These are the decontamination practices I've developed for my own situation, taken from best practices and suggestions from others.

I remove my dirty scrubs and leave them at work, and I change into a clean pair of scrubs or clean clothes. I disinfect any inanimate objects that my hands may have touched during the shift using alcohol, sanitizer wipes, bleach wipes, or hospital-grade chemical wipes.

To keep those objects clean after disinfecting, I place them in clean plastic bags away from other objects (eg, a wallet or purse) that may not be easy to disinfect. Then I store those bags in the trunk of my car for my next shift, so I'm not taking them into my home.

I also change my shoes, leaving my work shoes in the trunk of my car, and wear another pair of shoes into the house.

When I get home, I basically do everything again. I disinfect my phone, I wash my hands, and I shower immediately. At that point, I consider myself sufficiently "disinfected."

Gary S. Ferenchick, MD, MS, is a family physician and professor in the Department of Medicine at Michigan State University in East Lansing, Michigan. His daughter, Hannah R.B. Ferenchick, MD, is an assistant professor in the Department of Emergency Medicine, Division of Pulmonary & Critical Care and Sleep Medicine at Wayne State University, Detroit, Michigan, and a medical intensivist and emergency medicine physician at Detroit Medical Center.

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